

MEDICAL INFORMATION FOR NEWBORN INFANTS

Thank you for bringing your baby to a safe place. We want to assure you that we will give your baby the best possible care. Please help your baby by completing this form. The information that you provide will help make it easier to provide medical care to your child. You may not know all of the answers – that's OK, but please give your baby as much information as you know. **This information will not be used to identify you, and we will not try to find you.**

Providing this information is voluntary.

What is the baby's birth date? _____ Was the baby premature? Yes No

Were there any problems with the pregnancy or delivery? Yes No If yes, what were they?

Were you physically abused during the pregnancy? Yes No If yes, please describe:

Where did you leave your child? _____ Date: _____

MOTHER

FATHER

Does the baby's mother have any medical conditions such as:

- Diabetes
- Asthma
- Allergies
- Seizures
- Cancer
- Heart Disease
- High Blood Pressure
- Mental Illness
- Sexually Transmitted Disease
- Other, please describe: _____

Did the mother do one of the following before or during the pregnancy:

- Smoke
- Use alcohol
- Use drugs or medication

If yes, what kinds of drugs or medication:

What is the baby's mother's:

Age _____ Race _____

Hair Color _____ Body Build _____

Does the baby's father have any medical conditions such as:

- Diabetes
- Asthma
- Allergies
- Seizures
- Cancer
- Heart Disease
- High Blood Pressure
- Mental Illness
- Sexually Transmitted Disease
- Other, please describe: _____

Did the father do one of the following before the pregnancy:

- Smoke
- Use alcohol
- Use drugs or medication

If yes, what kinds of drugs or medication:

What is the baby's father's:

Age _____ Race _____

Hair Color _____ Body Build _____

IMPORTANT

If you decide that you want your baby back, call 1-800-752-6200. If you do not contact the Cabinet for Families and Children within 30 days after leaving your newborn, the Cabinet will proceed with involuntary termination of parental rights and place your baby for adoption.

Please mail this form to:

Director, Division of Protection and Permanency
Department for Community Based Services
Cabinet for Families and Children
275 East Main Street, 3C-E
Frankfort, KY 40621

You may write a note to your baby or the people who will adopt your child on the reverse side of this form.